

# **Exhibit B**

(Copy of State Application)



## COLORADO

Department of Revenue

Enforcement Division - Marijuana  
455 Sherman Street, Suite 390  
Denver, CO 80203

Dear Medical Marijuana Business License Renewal Applicant:

The business renewal applications for a Medical Marijuana Center (MMC), associated Optional Premises Cultivation(s) (OPC), if applicable, Medical Marijuana Infused Products Manufacturer (MMIP), Ownership and Funding Certification and Affidavit, Statement of Understanding and Affidavit and Owner/Associated Key Renewal Application (Form DR 8520) have been combined into one packet and are available on the Marijuana Enforcement Division (MED) website.

Licensees may submit renewals of business licenses in-person, by U.S. Mail, or by delivery service (UPS, FedEx, courier, etc.) only to the Denver MED Office without an appointment. Business renewal applications submitted in person may only be submitted during the hours of 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 3:00 p.m., Monday through Friday, excluding legally observed holidays.

Please complete and sign all applicable forms and have each signature witnessed by a notary public, provide the required documentation, if applicable, and include the following *if you are renewing an MMC license*:

*A letter certifying that you are compliant with Section 12-43.3-402(4), C.R.S., in that the MMC has not purchased more than 30% of its on-hand inventory from another MMC, nor has the MMC sold more than 30% of its on-hand inventory to another MMC. If you are unable to provide written certification of compliance, please include a detailed explanation for the state licensing authority's consideration.*

**FOR ALL APPLICATIONS: Include a copy of your most recently issued local license. Your state application cannot be processed without evidence of existing local approval.**

The following state license fees will be due at the time of submission to the MED:

Medical Marijuana Center - Type 1	\$ 3,300.00
Medical Marijuana Center - Type 2	\$ 7,300.00
Medical Marijuana Center - Type 3	\$11,300.00
Optional Premises Cultivation	\$ 2,500.00
Infused Product Manufacturer	\$ 2,500.00

Any application(s) not accompanied by the required documents and the requisite fee(s) will **NOT** be accepted. If hand delivered, the incomplete application(s) and fee(s) will be immediately returned to the individual submitting the application(s). If submitted by U.S. mail or delivery service, Division staff will contact the licensee and advise him/her to

collect the incomplete application(s) and requisite fee(s) from the Denver MED Office prior to 5:00 p.m. the next business day.

Owners/Associated Keys are required to be fingerprinted one time every two years. A separate notice will be mailed to the owners/associated keys advising when it is time to renew and submit new fingerprints. Owners/Associated Keys can be fingerprinted at the Division's Denver Office during the hours of 8:00 a.m. to 11:00 a.m. and 1:00 p.m. to 3:00 p.m. on normal business days, subject to change. Owners may also be fingerprinted at the Division's Colorado Springs, Longmont and Grand Junction offices. Additionally, fingerprints may also be completed at any law enforcement agency. If this option is selected, fingerprint card(s) and Verification of Fingerprint form(s) may be obtained from any of the Division's offices and must be submitted with the renewal business application to the Division's Denver Office for processing.

If MED determines and notifies a licensee that an in-person business license renewal appointment is required or the renewal application is accompanied by another application such as a change of ownership, please email the MED at [dor\\_med\\_appointments@state.co.us](mailto:dor_med_appointments@state.co.us) and you will be given an appointment time. The email MUST list the business name, all license numbers being renewed, contact phone number and email address as well as a list of all owners who must be present for fingerprinting. You should have all required documentation available for the investigators review or the MED will not accept your application. Appointments will be at 455 Sherman Street, Suite 390, Denver, CO 80203.

All applications and documentation submitted must be **single-sided** and **on 8.5 x 11 inch** paper. Non-conforming documents will not be accepted. **Do not send cash payments for application and licensing fees with application(s) via U.S. Mail or delivery service. This will be treated as an incomplete application and will not be accepted. Cash payments for application and licensing fees will only be accepted in-person.** Checks/money orders may be made payable to DOR. Checks will only be accepted in the name(s) of the individuals(s) or business entity, which has an ownership interest in the licensee. No third party checks will be accepted.

Please note that pursuant to Section 12-43.3-311(1), C.R.S., a licensee shall apply for the renewal of an existing license with the local licensing authority not less than forty-five (45) days prior to the date of expiration and not less than thirty (30) days prior to the date of expiration with the State.

MED Website: <https://www.colorado.gov/pacific/enforcement/marijuanaenforcement>

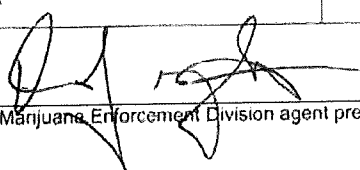
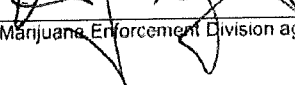


5. Has a Medical Marijuana Center license application (same license class), that was located within 1000 feet of the premises, been denied within the preceding year? If "yes" explain in detail.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6. Within the last year, has there been a change in ownership or ownership allocation, a transfer of stock, a change in the corporate structure or in the corporate by-laws, or any other change affecting ownership or organizational structure of the licensee or its subsidiaries/affiliates? If yes, explain in detail on a separate sheet and attach copies of all available documentation concerning the changes.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. In the past year, has the licensee (including all parent, subsidiary or affiliate companies, if any) filed for bankruptcy, been sued, had a civil judgment or tax lien filed against it, or become delinquent in the payment or filing of any taxes, interest, penalties or judgments owed to the State of Colorado, the United States government or the government of any other state. If yes, explain in detail on a separate sheet and attach copies of all available documentation.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8. List the full name and ownership percentage of every owner or entity, including lending agencies, who have a right to share in the revenues of marijuana, whether as an owner, assignee, landlord, or otherwise to whom any interest or share in the profits of marijuana has been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract of sale.			
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant
Rudy Miick	Owner, RM Concepts, LLC	100	100
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant
Name	Title	Own. % Business Associated with	Effective Own. % in Applicant
9. Since the last renewal submission, have there been any new financing, promissory notes, or new lines of credit obtained or applied for? If yes, explain in detail on a separate sheet and attach all documentation.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10. Has any debt been retired or eliminated since the last renewal submission? If yes, explain in detail and attach all documentation.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11. Have there been any material changes in financial position since the last renewal submission? If yes, explain in detail on a separate sheet and attach all documentation.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
12. Within the past year, has the licensee entered into any material financial arrangements, notes, security agreements, consulting agreements, any written or oral agreements, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation? If yes, explain in detail on a separate sheet and attach all documentation.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
13. Within the past year, have there been any changes in ownership percentage of any owner or entity, including lending agencies, who have a right to share in the revenues of marijuana, whether as an owner, assignee, landlord, or otherwise to whom any interest or share in the profits of marijuana has been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract of sale? If yes, explain in detail on a separate sheet and attach all documentation.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
14. In the past year, has the licensee (including all parent, subsidiary or affiliate companies, if any) been indicted, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty. If Yes, explain in detail on a separate sheet and include with your application. Provide official documentation from the court showing the final disposition for any felony charge or those related to a controlled substance.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
15. Are any owners renewing their Associated Key Licenses with this application? If yes, then each must submit the Owner/Associated Key Renewal Application (see website).			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Local Licensing Authority (To be filled out by licensee)</b>			
Local Licensing Authority Grand County Clerk		Address 308 Byers Ave., PO Box 120, Hot Sulphur Springs	
Local Licensing Authority contact name Sara Rosene	Contact Phone (970) 725-3110	Contact Email srosene@co.grand.co.us	
Current License Status With Local Authority Approved	Date of Approval 09/29/15	Date of Expiration 09/29/16	
16. Optional Premises Cultivation License Does the licensee have an approved Optional Premises License(s)? What City or County? _____ OPC License # _____ Date of Expiration _____			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
17. Does the Center Applicant have evidence of a good and sufficient bond in the amount of \$5,000.00 in accordance with 12-43.3-304 C.R.S.? (Include updated evidence with renewal application)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>


## Affirmation & Consent

I, Rudy M. Mick, as an owner/principal for this licensee, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Business License Renewal Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana License, and for 90 days following the expiration or surrender of such Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

**Print Full Legal Name of Owner/Principal clearly below:**

Applicant's Legal Business Name <u>RM Concepts, LLC</u>		Trade Name (DBA)	
Last Name of Owner/Principal (Please Print) <u>Miick</u>	First Name of Owner/Principal <u>Rudy</u>	Middle Name of Owner/Principal <u>McGinnis</u>	
Signature 			Date <u>10/21/15</u>
Signature of Marijuana Enforcement Division agent presenting this request 			Date

State of CO County of Grand Subscribed and sworn to (or affirmed)  
before me this 21<sup>st</sup> day of Oct, 2015, in Winter Park  
CO by Rudy Mick  
(State) (Printed Name)

Signature of Notary Public  


Printed Name of Notary Public  
JOAN M EVANS

My Commission Expires  
10-3-18

Notary Seal

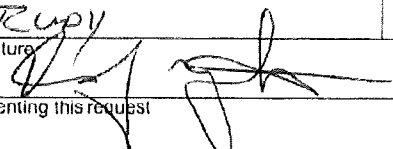
**JOAN M. EVANS**  
**NOTARY PUBLIC**  
**STATE OF COLORADO**  
**NOTARY ID 20064040384**  
**MY COMMISSION EXPIRES 10/03/2018**

# Investigation Authorization Authorization to Release Information

I, Rudy M. Mick, as an owner/principal for this licensee, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "non-public" under the provisions of state or federal laws. I understand by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "non-public" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

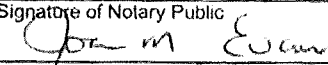
**Print Full Legal Name of of Owner/Principal clearly below:**

Applicant's Legal Business Name <u>R M Concepts, LLC</u>		Trade Name (DBA)	
Last Name of Owner/Principal (Please Print) <u>Mick</u>	First Name of Owner/Principal <u>Rudy</u>	Middle Name of Owner/Principal <u>McGinnis</u>	
Title of Owner/Principal <u>owner</u>	Signature 	Date <u>10/21/15</u>	
Signature of Marijuana Enforcement Division agent presenting this request			Date

State of CO County of Greed Subscribed and sworn to (or affirmed)

before me this 21<sup>st</sup> day of Oct, 2015, in Wato Park,  
(City)

CO by Rudy Mick  
(State) (Printed Name)

Signature of Notary Public  


Printed Name of Notary Public  
JOAN M EVANS

My Commission Expires  
10-3-2018

Notary Seal

**JOAN M. EVANS  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20064040384  
"MY COMMISSION EXPIRES 10/03"**